PLEASE MAIL OR BRING IN THE FOLLOWING INFORMATION TO CITY HALL WATER DEPARTMENT IN ORDER TO HAVE WATER SERVICE CONNECTED IN YOUR NAME.

****COPY OF PURCHASE OR RENTAL AGREEMENT.
IF FOR BANK OR REAL ESTATE COMPANY SEND
LISTING AGREEMENT

****NOTARIZED COPY OF DRIVERS LICENSE

****FILL OUT APPLICATION COMPLETELY

****READ AND INITIAL BOTTOM OF APPLICATION

****A \$200.00 DEPOSIT (CASH, CHECK OR MONEY ORDER)

MAIL TO: P.O. BOX 900 LOCUST GROVE, GA 30248

IF OVERNIGHT: 3644 HWY 42 LOCUST GROVE, GA 30248

QUESTIONS CALL: 770-957-5043

ACCOUNT#	
WORK ORDER #	

CITY OF LOCUST GROVE

PO BOX 900, 3644 HWY 23/42 LOCUST GROVE, GA 30248 PHONE (770) 957-5043, FAX (770) 954-1223

APPLICATION FOR WATER/SEWER SERVICE

****PLEASE PRINT CLEARLY**	DATE
NAME	
ADDRESS OF SERVICE	
BILLING ADDRESS OF SERVICE	
HOME PHONE#	CELL PHONE#
SOCIAL SECURITY OR TAX ID NUMBER	
COPY OF PROOF OF PURCHASE ATTACHED	
LIST NAMES OF ALL PEOPLE LIVING IN HOUS	SE
ANDLORD INFORMATION NAME OF PROPERTY OWNER NDDRESS	MODIL DUONE
OME PHONE#	WORK PHONE#
AVE YOU EVER HAD WATER/SEWER SERVICE YESSERVICE ADDRESS PLACE OF EMPLOYMENT DDRESS ELEPHONE#	
EAREST RELATIVE NOT LIVING WITH YOU	DEPOSIT INFORMATION
DDRESS	DATE PAID DATE OF SERVICE
ELEPHONE#	
EF (13.08.060) DAMAGE TO WATER WORKS PROP	
ELEASE OF LIABILITY:	
EFORE WE CAN TURN ON THE WATER PLEASE 'ASHER CONNECTIONS, REFRIGERATOR ICE MAI	
	INITIALS

have received
a copy of the brochure stating:
*** My water bill is due by the 15 th of the month and that
late fees will be assessed on the 16 th .
INITIALS
*** If my balance is not paid by 5 pm on the 19 th my water
service will be DISCONNECTED on the 20 th and a
\$50.00 fee WILL BE ASSESSED
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